

Application Data Sheet**APPLICATION INFORMATION**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?::

Computer Readable From (CRF)?:: No

Number of Copies of CRF::

Title:: AKT INHIBITORS, PHARMACEUTICAL
COMPOSITIONS, AND USES THEREOF

Attorney Docket Number:: 234590

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 13

Small Entity?:: No

Latin Name::

Variety denomination name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Alan
Middle Name:: P
Family Name:: KOZIKOWSKI
Name Suffix::
City of Residence:: Chicago
State or Prov. of Residence:: IL
Country of Residence:: US
Street of mailing address:: 2128 North Racine Avenue

City of mailing address:: Chicago
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60614
Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Phillip
Middle Name::
Family Name:: DENNIS
Name Suffix::
City of Residence:: Ellicott City
State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 2327 Daniels Road

City of mailing address:: Ellicott City
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 21043
Inventor Authority Type:: Inventor

Primary Citizenship Country:: China
Status:: Full Capacity
Given Name:: Haiying
Middle Name::
Family Name:: SUN
Name Suffix::
City of Residence:: Ann Arbor
State or Prov. of Residence:: MI
Country of Residence:: US
Street of mailing address:: 1515 Jones Drive, Apt. 14

City of mailing address:: Ann Arbor
State or Province of mailing address:: MI
Country of mailing address:: US
Postal or Zip Code of mailing address:: 48105
Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name::
Family Name:: BROGNARD
Name Suffix::
City of Residence:: Carlsbad
State or Prov. of Residence:: CA
Country of Residence:: US
Street of mailing address:: 821 Skysail Avenue

City of mailing address:: Carlsbad
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 92009

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 45733
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number 1:: 45733
Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2003/027607	09/03/03
PCT/US2003/027607	An application	60/407,239	09/03/02
	claiming the benefit		
	under 35 USC		
	119(e) of		

FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

ASSIGNEE INFORMATION

Assignee name:: Georgetown University

Street of mailing address:: 37th & O Streets, N.W.

City of mailing address:: Washington

State or Province of
mailing address:: DC

Country of mailing
address:: US

Postal or Zip Code of
mailing address:: 20057-1408

Assignee name:: The Government of the United States of America
Represented by the Secretary, Department of Health and
Human Services

Street of mailing address:: 6011 Executive Boulevard
Suite 325

City of mailing address:: Rockville

State or Province of
mailing address:: Maryland

Country of mailing
address:: US

Postal or Zip Code of
mailing address:: 20852-3804